

The demand must be filed directly with the competent International Preliminary examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ KR

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States(except where otherwise indicates).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference OP020135
International application No. PCT/KR02/02427	International filing date(day/month/year) 24 DECEMBER 2002(24.12.2002)	(earliest)Priority date(day/month/year) 08 APRIL 2002(08.04.2002)
Title of invention METHOD AND SYSTEM FOR ANALYSIS OF CANCER BIOMARKERS USING PROTEOME IMAGE MINING		
Box No. II APPLICANT(S)		
Name and address:(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) BioInfra Inc. 304 Science and Engineering Building, Incheon University, 177 Dohwa-dong, Nam-gu, Incheon-si, 402-060, Republic of Korea		Telephone No.: 82-32-763-0608 Facsimile No.: 82-32-763-0609 Teleprint No.:
State(that is, country)of nationality: KR		State(that is, country)of residence: KR
Name and address:(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) KIM, Chul-Woo San 2-120, Galmae-dong, Guri-si, Gyeonggi-do, 471-080, Republic of Korea		
State(that is, country)of nationality: KR		State(that is, country)of residence: KR
Name and address:(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) PARK, Young-Mee #1303-907 Mokdong Apt., Mok-dong, Yangcheon-gu, Seoul 158-050, Republic of Korea		
State(that is, country)of nationality: KR		State(that is, country)of residence: KR
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

PARK, Jong-Sou

#919-202 Gisan Apt., 948 Hwajeong-dong, Deogyang-gu,

Goyang-si, Gyeonggi-do 412-270, Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CHI, Sung-Do

#610-1303 Hugokmaul, Ilsan-dong, Ilsan-gu, Goyang-si,

Gyeonggi-do 411-310, Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

OHN, Syng-Yup

#6-1109 Shindonga Apt., 241-21, Seobinggo-dong, Yongsan-gu,

Seoul 140-751, Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HWANG, Soo-Chan

#601-803 Gangsunmaul, Juyeop-dong, Ilsan-gu, Goyang-si,

Gyeonggi-do 411-370, Republic of Korea

State(that is, country)of nationality:

KR

State(that is, country)of residence:

KR



Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

- The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation.
 The address must include postal code and name of country.)

LEE, Sei-Jin ; KIM, Seong-Nam
 17th Floor, City Air Tower, 159-9 Samsung-dong,
 Gangnam-gu, Seoul 135-973, Republic of Korea

Telephone No.:

82-2-6203-1020

Facsimile No.:

82-2-6203-1026

Teleprinter No.:

- ☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:

1. The applicant wishes the international preliminary examination to start on the basis of:

- ☒ the international application as originally filed
- the description ☒ as originally filed
☐ as amended under Article 34
- the claims ☒ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34
- the drawings ☒ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired)

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☐ which is the language in which the international application was filed
☐ which is the language of a translation furnished for the purposes of international search
☒ which is the language of publication of the international application
☐ which is the language of a translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

Excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

			For International Preliminary Examining Authority use only	
			received	Not received
1. translation of international application	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
2. amendments under Article 34	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
3. copy(or, where required, translation)of amendment under Article 19	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
4. copy(or, where required, translation)of Statement under Article 19	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
5. letter	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>
6. other(specify)	:	sheets	<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: | 6. <input type="checkbox"/> other(specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs(if such capacity is not obvious from reading the demand).

LEE, Sei-Jin (Seal)

KIM, Seong-Nam (Seal)

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:	
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b)	
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.	<input type="checkbox"/> The applicant has been informed accordingly.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5	
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to rule 82	

For International Bureau use only

Demand received from IPEA on:

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/KR02/02427	For International Preliminary Examining Authority use only									
Applicant's or agent's file reference OP020135	Date stamp of the IPEA									
Applicant <div style="text-align: center; margin-top: 10px;">BioInfra Inc. et al</div>										
Calculation of prescribed fees										
1. Preliminary examination fee	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">150,000</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 5px;">P</div>									
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled the amount to be entered at H is 25% of the handling fee.</i>)	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">190,000</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 5px;">H</div>									
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">340,000</div>									
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">TOTAL</div>										
Mode of Payment										
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td style="width: 60%;"><input checked="" type="checkbox"/> cash</td> </tr> <tr> <td><input type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input type="checkbox"/> others(specify):</td> </tr> </table>			<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input checked="" type="checkbox"/> cash	<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> others(specify):
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<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps									
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons									
<input type="checkbox"/> bank draft	<input type="checkbox"/> others(specify):									
Deposit Account Authorization (<i>this mode of payment may not be available at all IPEAs</i>) The IPEA/ _____ <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <div style="margin-left: 100px;"> <input type="checkbox"/> (<i>this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account. </div>										
Deposit Account Number _____	Date(day/month/year) _____	signature _____								